

Amerman Elementary PTA Payment/Reimbursement Voucher

Date: _____ Submitted By: _____

Committee/Event: _____

Description of Items/Services Purchased: _____

Amount (Price): _____

Check Payable to: _____

Contact Email Address: _____

(for questions and/or notify of payment) **(must be filled out)**

**Please fill out this form COMPLETELY

****Original** receipts, invoices or contracts must be attached to this form in order to be paid or reimbursed.

(We cannot accept copies.)

Please write descriptions on the receipts/invoices. If partial reimbursement is requested, please **circle those items and write the total dollar amount at the bottom of the receipt.

**Give this form along with attached documentation to Carrie Hurney, PTA Treasurer or place in PTA mailbox.

****DEADLINE FOR SUBMISSION IS MAY 15th, 2021**

**Please contact Carrie Hurney with any questions or concerns: AmermanTreasurer@gmail.com

To Be Completed by Treasurer

Amount Paid: _____ Check# _____ Date Paid: _____